



# THE TOWN OF PLYMOUTH NEW HAMPSHIRE

## GUIDELINES FOR LICENSE APPLICATIONS FOR THEATRICALS, PARADES AND OPEN-AIR MEETINGS

Pursuant to NH R.S.A. 286:1 through 5, No theatrical or dramatic representation shall be performed or exhibited, and no parade or procession upon any public street or way, and no open air public meeting upon any ground abutting thereon, shall be permitted, unless special licenses therefor shall be first obtained from the selectmen of the town.

### **Purpose:**

Licensing serves to prevent confusion by overlapping parades or processions, to secure convenient use of the streets by other travelers, to ensure that proper public safety resources are available and to minimize the risk of disorder.

### **Definitions:**

1. For the purposes of this license, an open air meeting shall be defined as any outside gathering of 50 or more persons on a public street or way or on any ground abutting thereon.
2. Theatrical representations shall include plays, concerts, pageants, live musical performances or other forms of shows or entertainment, feats of agility or public competitions.

In order to obtain a license under NH RSA 286 the applicant must submit a fully completed application, available at the *Plymouth Police Department*, to the *Plymouth Board of Selectman* 14 days prior to the date for which the license is requested.

Only property owners (jointly with tenants if applicable) are authorized to make application for license if the event is to be held on private property. Applications for events to be held on public property may be made by anyone so authorized by the appropriate public agency.

Once the license for this event has been granted by the *Plymouth Board of Selectman*, town officials reserve the right to inspect the property for which the license had been granted, to determine if all of the conditions of the *license application* have been met and to further ensure that all concerns of public safety and welfare have been met. The *Board of Selectmen* shall consider the use of alcohol, anticipated attendance, nature of activity, parking, sanitation, location, public health, safety, food consumption, sales of any products and solid waste removal when reviewing this *license application*.

Each *license application* is divided into four sections that take into consideration certain public safety and welfare needs. Each section requires *Town personnel* to review the section pertaining to their area of expertise. These sections are determined on the basis of public safety and welfare, public health and community zoning standards. In order for a *license application* to be approved the applicant must complete the entire application, to the best of their knowledge, and then submit it for approval to the four respective offices that are indicated on the application.

**There shall be a \$50.00 non- refundable license application fee for each application.** There may also be included costs for public safety officials that may be needed to preserve order and safety. Under NH R.S.A. 105:9-a, the Chief of Police shall have the authority to assign police officers to attend any public meeting or function which he determines may potentially involve traffic related problems, lead to a public disturbance or public nuisance or endanger public health safety or welfare.

All payments shall be made to the *Town of Plymouth* at least 14 days in advance of the scheduled event. The public safety officials fee may be refundable in the event that a cancellation is made and the proper officials are notified at least 24 hours before the start of the event. The *license application fee* shall not be refundable. No refunds will be made in the event of low attendance or poor weather. When the *Board of Selectman* determine that the public benefit derived from an event outweighs the cost, the *application fee* may be waived.

The following events shall be exempt from this license requirement because the public good generated by these events outweighs the burden on municipal services:

- Theatrical performances, feats of agility and public competitions at Plymouth State College, Plymouth Regional High School, Plymouth Elementary School and the Plymouth Regional Senior Center.
- All *Town of Plymouth* sponsored activities and local Church services/activities.

The *Board of Selectman* reserves the right to review any event for the licensing requirement.

**Adopted by vote of the Board of Selectmen on September 8, 1997.**

**Board of Selectmen:**

John H. Tucker  
Chairman

Allen K. MacNeil

Timothy M. Daigneault

**Application fee: \$50.00**

**License Application**

Please indicate the name(s), address (s) and phone number (s) of the person (s) hosting this event:

Name : Plymouth Rotary Club Phone number: 536-1000

Address: PO Box 393, Plymouth, NH 03264

Date of Event: December 3<sup>rd</sup>, 2011 Location: Main Street

Description of Event: 2011 Holiday Parade  
(Attach info. if available)

If there is more than one person hosting this event please include name (s) as well as all persons living on the property for which this *license application* is being reviewed. Please list additional persons on the back of this page.

If this event is being hosted by an organization, group, club, association or other non-person entity please indicate the name of that group:

Name: Plymouth Rotary Club Phone number: 536-1000

Address: PO Box 393, Plymouth, NH 03264

Is this organization incorporated? Yes No

Name of leader, president, director, etc. of group hosting event:

Name: Steve Rand Phone number: 536-1000

Address: 71 Main Street, Plymouth, NH 03264

Please indicate the location of the event to include the street and number and or an apartment number.

Route to be traveled – It will start on Green Street head west on Bridge Street then south on Main Street (route 3) and end on Main Street at Rite Aid

This *license application* is only valid for the property described in the above space. Any spill over to other properties and or trespassing will be cause for police action unless the abutting property has also been issued a license.

Please do not write in the shaded box.

Application fee \_\_\_\_\_ Received by \_\_\_\_\_ Date: \_\_\_\_\_  
Public services fee \_\_\_\_\_ Received by \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the owner of this property:

Name: Town Of Plymouth

Address: 1 Post Office Square, Plymouth, NH 03264

Phone: 536-1731 (H) 536-1731 (B)

Please indicate the manager of this property - if applicable:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please describe all of the activity you are planning at this event.

Holiday parade includes: decorated floats, vehicles, walking groups, bands, animals, etc. Music will be provided on the Town Common. Santa will visit with children and parents at the Senior Center. Also, at the conclusion of the parade there will be a fireworks show.

Please indicate what date and time this event will begin and what time and date it will end.  
Please be specific.

Requested start time/date: 12/03/11 at 5:00 PM Requested end time/date: 12/03/11 at 7:00 PM

Name of performers (if applicable): Various

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please indicate the number of people that you expect to attend this event.

Approx. number of attendees: Public Event

## **I. Police Section**

Will any alcohol be sold at this event? Yes No

If Yes, the proper *State of N.H.* license shall be enclosed with this application.

Will alcohol be present at this event? Yes No

Please explain above answer:

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Will attendees of this event be allowed to carry alcohol onto the property for which this license application is being reviewed? Yes No

If No, what will be done to prevent this?  
Please explain.

Police will be at the Event

If Yes, what will be done to ensure that persons who are not of legal drinking age, are prevented from consuming, possessing and/or carrying alcohol onto the property?  
Please explain.

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Please be cautioned that allowing persons, who have not yet reached the legal drinking age, to carry onto, possess and or consume alcohol on the property for which this *license application* is being reviewed for constitutes an offense of : **RSA 179: 5 Prohibited Sales**

Will there be any gambling at this event? Yes No

If Yes, the proper *State of NH* license and *Town of Plymouth Game of Chance Permit* Shall be submitted with this application.

Will vehicular traffic be impacted during this event? Yes No

If Yes, please explain:

Police will detour and monitor traffic

Will *Town of Plymouth Parking Ordinances* be impacted during this event? Yes No

If Yes, please explain:

Police will detour and monitor traffic

Please do not write in the shaded box.

Recommended start time/date \_\_\_\_\_ Recommended end time/date \_\_\_\_\_

Recommended attendance \_\_\_\_\_

**Signature of Police Chief :** \_\_\_\_\_

\* Office located at 334 Main Street \* 536-1804 ext. 102

## II. Health Section

Will there be any food sold at this event? Yes No

If yes, please indicate the name of the vendor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Will there be an area for food handlers to wash their hands? Yes No

Does this event have adequate restroom facilities? Yes No

### Local businesses will be open for this event

A minimum of 1 male and 1 female toilet facilities shall be required for each 75 persons attending this activity.

Example:

75 persons = 2 toilets

75 to 150 = 4 toilets

150 to 225 = 6 toilets

225 to 300 = 8 toilets

Please list the name of the person (s) or company that will be responsible for supplying and then removing sanitary facilities.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please indicate when sanitary facilities will be removed. \_\_\_\_\_

Who will be responsible for the removal of any other refuse that is left as a result of this event?

Name: Plymouth Recycling Center

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

When will this refuse be removed? Immediately following the parade

Will this refuse be transferred to the *Town of Plymouth's Recycling Facility*? Yes No

Note: A permit is required for use of the recycling facility.

**Signature of Health Officer:** \_\_\_\_\_

Tom Morrison - contact at Plymouth Fire Dept. \* Highland Street \* 536-1253

### **III. Fire Section**

Will this activity be having any type of open fire? Yes No

If Yes, a *Permit to Kindle Fire* must be submitted with this *license application*.

If any part of this activity is going to be held within a building or structure does the building or structure comply to life safety codes? Yes No

Date of last inspection: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Will this event have a fireworks demonstration? Yes No

If Yes, the proper *Town of Plymouth* Permit must be submitted with this *license application*

**Signature of Fire Chief :** \_\_\_\_\_

\* Office at 42 Highland Street \* 536-1253

### **IV. Community Planner Section**

Please indicate the size of the lot on which this activity is going to be held.

\_\_\_\_\_

Please provide a drawing of the area to include any fencing, food or beverage dispensing areas, toilet facilities, entrance and exits areas, the location of any open fires or entertainment, the location of any other structures on the property and the location of abutting buildings and or structures.

Please be informed that any off street parking space on a residential property, other than single family dwelling, shall have a paved or graveled surface. No vehicle shall be parked within the property on grass or dirt outside of a designated off street parking space.

If your event will have a food vendor please submit the proper *Town of Plymouth Vendor Permit* with this *license application*.

**Signature of Community Planner :** \_\_\_\_\_

\* Office at Town Hall, 6 Post Office Square \* 536-1731

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I attest that, to the best of my knowledge, the information provided on this *license application* is true and accurate.

\_\_\_\_\_  
Signature of property owner

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of tenant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of tenant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of tenant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of tenant

Date: \_\_\_\_\_

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\_\_\_\_\_  
Signature/Chairman, Board of Selectmen

Date of Approval \_\_\_\_\_

\_\_\_\_\_  
Signature/Member, Board of Selectmen

\_\_\_\_\_  
Signature/Member, Board of Selectmen

\_\_\_\_\_  
Signature/Member, Board of Selectmen

\_\_\_\_\_  
Signature/Member, Board of Selectmen

CC: Dean of Student Affairs of Plymouth State College, if applicable.